Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information	
1 Name of organization Friends & Neighbors	of 5
2 Mailing address (P.O. Box or number, street, and 3/0 E. Novih St.	room or su
Gity or town, state, and ZIP code Dod goville, WI 53	533
3 E-mail address of organization	
4a Name of custodian of records SHUL FYLLSE	4b
5a Name of contact person	5b
Steve Freese	

Name of organization	large as 5	Levis Tours	Employer identification number
2 Mailing address (P.O. Box or number.	W13 CT 3	teve Freese	139: 2002144
2 Mailing address (P.O. Box or number, 3/0 E. North	street, and room or sui	te number)	
Gity or town, state, and ZIP code			
Dodgwille WI	53533		
3 E-mail address of organization			
4a Name of custodian of records SHUL FYLLSE	4b (Bio E. Nov 4h	51
SINCE PICESE] -		
		Dodgeville, WI	53533
5a Name of contact person	5b (Contact person's address	<u>, , , , , , , , , , , , , , , , , , , </u>
Steve Freese		Contact person's address 310 E. Novia St	4
STONE PILLSE		Dodgeville, WI	
C Dusings address of severiment of the	255	eageville, wi	73563
6 Business address of organization (if di	interent from mailing add	iress snown above). Number, street,	and room or suite number
City or town, state, and ZIP code			<u> </u>
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Part II Purpose			
7 Describe the purpose of the organizat	jon	,	
State political of	empergr	/ 	
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Part III List of All Related Ent	ities (see instructio	nel	
8a Name of related entity	8b Relationship	8c Address	
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			••••••
BECFIVED			
RECLIVED 78		• [
F JG 1 3 2000 00			
LJG 1 3 ZUUU (x)			
1111			
F JG 1 3 2000 (2)			

For Paperwork Reduction Act Notice, see page 4.

Cat. No. 30405V

Form **8871** (7-2000)





Name		9b Title	ompensated Employees (see instructions) 9c Address
rri:	S. Griffiths	Treasurer	6306 Hartford Dr.
<u>, </u>			Medison, W1 53719
•			
	·		
	Under penalties of perjury, I ded Revenue Code, and that I have it is true, correct, and complete.	examined this notice, including ac	in Part I is to be treated as an organization described in section 527 of the Intecompanying schedules and statements, and to the best of my knowledge and be
		//-	
gn	Signature of authorized of	reffeths	1-31-00 Date
ere	y signature of authorized o	omicial	V Date